

Interest Income:							Enclose 1099-Int						
Payer/	Acct. last 4 digits	TSJ	Amount	Code	PAB	W/H	Payer/	Acct. last 4 digits	TSJ	Amount	Code	PAB	W/H

Code: (U)- U.S. Govt. Interest (M)- Muni Interest (D)- Fed. & State Exempt (S)- Seller Fin. Mort. (P)-Penalty Early Withdrawal
 See Attached Schedule If Seller Financed Mortgage: Social Security # of Payer / / Address:

Dividend Income					Enclose 1099- Div Forms			Foreign	Foreign	US	\$			
Payer	TSJ	Ordinary	Qualified	Cap Gain	1250	Income	Tax	%	Amt	Exempt	PAB	W/H	Ret	

Sale Of Stock, Real Estate/ Equipment: Enclose 1099-B Forms, Brokerage /Closing Statements

Qty/ Description	Date Bought	Date Sold	Sales Price	Cost Basis	Expenses To Sell
	/ /	/			
	/ /	/			
	/ /	/			
	/ /	/			
	/ /	/			
	/ /	/			

Pension/Annuity/IRA Distributions: Enclose all 1099-R Forms Roth Conversion? _Y_ _N * Donated IRA?

Payer	T/S	Gross Dist	Fed W/H	State W/H	Taxable	Code	IRA	Roll?

See Attached Schedule Were any proceeds from IRA's used for Medical, Education, IRS Levy, 1st time home or military? Ye s No

Other Income or Benefits Received: Include Non -Taxable: Enclose all 1099-Misc , SSA -1099 & W-2G

	Amount	Fed W/H	State W/H	Medicare	Part D	Repaid	
Social Security/ RR (T)							
Social Security/ RR (S)							
Unemployment (T/S)							
Gambling / Lotto/ (State: ___)				# Forms			Session Log? Y N

State Refund:	Alimony Recvd:	Tips(Not Included on W-2)	Other Income:
Jury Duty:	Prizes/Awards:	Hobby Income	Workman's Comp:
Personal Injury Awards:	Disability Income:	Directors/Trustee Fee:	Child Support:
Strike Pay:	Proceeds Installment:	Scholarships/Grants:	First Time Home Credit:

RENTAL : - addtl worksheets available

Gross Rents	
Expenses:	
Insurance	
Utilities	
Repairs	
Supplies	
Mortgage Int	
RE Taxes	
Other:	
QJV ___ LLC ___ Active ___ Material ___	

1099- MISC.: (additional business worksheet) Business _ Farm _ QJV _ OIH_ # ___					
Payer	Amount	Box	Payer	Amount	Box
K-1's # ___		P/S/T Active			P/S/T Active
Payer		Type Material	Payer		Type Material
Other:1099-C ___ 1099- A ___ 1099-Q ___ 1099-K ___ 1099-LTC ___ 1098-Q ___					

Any Interest before 4/15? Y N

Adjustments To Income

Confirm IRA Basis: _____

IRA / Roth/ SEP / Keogh/ Solo 401k (Attach Statements) Form 5498

Type	T/S	Contribution	Date	Name Of Bank / Fund	FMV 12/31	Type	T/S	Contribution	Date	Name Of Bank/Fund	FMV12/31
		\$	/		\$			\$	/		\$
		\$	/		\$			\$	/		\$
		\$	/		\$			\$	/		\$
		\$	/		\$			\$	/		\$

Teachers K-12: Supplies/ **Prof. Develop:** _____ Student Loan Interest: \$ _____ \$ _____ (Attach Form 1098-E) # of payments: _____
 Alimony Paid \$ _____ To whom paid: _____ SS#: _____ / _____ / _____ Court ordered? Yes No (bring Divorce Decree)
 Qualified Performing Artist: _____ Moving Expenses: **50 miles or more and job related., Keep all receipts necessary to substantiate** Reservist Expense: _____

Health/Medical Savings Accounts: HSA _____ **MSA** _____ **Medicare Adv MSA** _____ (Attach Forms)
Form 5498-SA: Type Single _ Family_ Contribution: You\$ _____ Spouse\$ _____ Company / Policy # _____
 Amount of High Deductible Insurance \$ _____ # of Months in Plan _____
Forms 1099-SA: Distribution for Qualified Expenses \$ _____ Documentation of expenses? Y N FMV: \$ _____
 Note: Can't be used for **over the counter drugs!** Amounts not used for medical expenses are taxable and possible penalty!

Itemized Deductions

Medical: Form 1095 A ___ B ___ C ___ Form Needed
Health Insurance: (Pretax? Y N) _____ \$ _____
 Company: _____ \$ _____
Qualified Long Term Care Insurance Taxpayer \$ _____
 Insurance Company: _____ Spouse \$ _____
 Prescriptions (No Canadian Drugs) \$ _____ \$ _____
 Doctor Bills: \$ _____ \$ _____ \$ _____
 Dentist Bills \$ _____ Dental Insurance \$ _____
 Med. Lodging# nights _____ Transport/Ambulance \$ _____
 Hospitals \$ _____ Required Nursing Home \$ _____
 Hearing Aid/ Dentures/ Supplies/ Batteries _____
 Eyeglasses/ Contacts/ Supplies/ Exams. _____
 # _____ Miles Parking For Medical Care _____
 Medical Equipment/ Supplies/Rentals..... _____
 Other: _____
 Less: FSA _ HSA_ Ins _ Net _ Reimbursements (_____)

(Contributions of \$250 or more require written substantiation from the organization with disclosure of goods or services)
 Church _____ \$ _____ Religious Org. \$ _____
 United Way \$ _____ March of Dimes \$ _____
 UPAF \$ _____ \$ _____ \$ _____
 _____ \$ _____ \$ _____
 _____ \$ _____ \$ _____
 _____ \$ _____ \$ _____
 _____ Miles \$ _____ Parking For Charity

Non Cash: For Valuation assistance: www.itsdeductible.com

Charity	#	Description	Date	FMV
Goodwill				
Purple Heart				
Milw Rescue				
Salv Army				

(Like kind Cumulative total \$5,000 or more> need appraisal)

Donated Vehicles: For Valuation assistance: www.kbb.com
 Description _____
 Date Bought: / / Original Cost: _____
If over \$500 must have Form 1098-C from charity to deduct

Taxes:
Real Estate Tax Paid: Do Not Include Utilities/Assessments
 Principle Residence (Year __) Adj. (_____)
 (Year __) _____
 2nd Residence /Land(Year __)(State) _____
 Other Taxes: List _____
 Sales Tax on Cars/Boats/ Actual Receipts _____

Interest: Form 1098

Mortgage Payee	P/2 nd	Amount	*Home Equity	Mort Ins.

Points Paid \$ _____ # years _____ *Limited \$100,000

Bring Closing Statement if you: Bought ___ Sold ___ Refinanced ___
If Refinanced Same Lender? Yes No
 If Mortgage paid to an individual; List _____
 Address: _____
 Social Security # _____ / _____ / _____ Must have to be able to deduct!

Investment Interest (Brokerage Accts, vacant land)\$ _____

Miscellaneous Deductions:

Union/ Prof. Dues		Tools, Supplies, Equip.	
Uniform Cost/ Maint		Safety Shoes/ Glasses	
Job Search Costs		Licenses	
Job Related Education		Job Related Miles (Bring log)	
Other:		Travel	
Meals/Entertain		Tax Prep//Planning	
Safe Deposit Box		Investment Pub	
Brokerage Fees		IRA Fees (Paid By You)	

Other Expenses: Limited only to the income you claimed in other income:
 Gambling Losses- Attach Log _____
 Hobby Expenses: Attach summarized statement _____

Office In Home?: If Yes, Bring supporting info

Energy Credit: Bring in receipts/Certificate**30% Credit Eligible / Principle/2nd Residence**

Solar Water Heating ___ Solar Electric Equip. ___ Fuel Cells ___ Small Wind Systems ___ Geo thermal Heat Pumps ___

10% Credit Eligible / Principle Residence Only (Limited Lifetime \$500) If new client, need prior credit \$ _____

Ext Window ___ Central Air ___ Ext. Doors ___ Metal/Special Asphalt Roofs ___ Water Heater ___ Insulation ___ Heat Pumps ___

Biomass Stoves ___ Adv. Main air-circulating fan ___ Heat Pumps ___ Gas/Propane/Oil/Hot Water Furnace/Boiler ___

Plug In/ Fuel Cell Vehicle Credit: Bring in purchase invoice**Adoption Expenses: Bring all Adoption Papers Must Be Paper Filed! (Credit Limited to tax, carry forward balance)**

Date adoption became final: ___/___/___ Was child: Foreign ___ Special Needs ___ Born before 1999 & Disabled ___

Is Child a US citizen? Yes No Did you receive any Employer-Provided Adoption Benefits? Yes No If Yes, \$ _____

Adoption Fees: \$ ___ Re-Adoption Expenses \$ ___ Court Costs: \$ ___ Attorney Fees: \$ ___ Travel Expenses: \$ Include Meals & Lodging)

Casualty Losses: through fire, storm, theft or casualty not reimbursed – attach sheet with detailed explanation for each loss**Child & Other Dependent Care: This needs to be filled out, even if you have pre-tax childcare benefits at work** W-2 box 10 \$

Name & Address (Individual or Organization To Whom Paid)	SS#/Fed ID#	Total Amount	Dependent	Allocation

Did you pay someone more than \$2,000 to perform these services in your home? If yes, did you file wage statements with the IRS? Y N

COLLEGE TUITION To Claim Credit you Must bring all 1098-T Forms & Detail Billing/ Receipts (Page 2) Prior AOTC:#

Student Name	Tuition Billed	Tuition Paid	Grants/Scholarship	Related Fees	Course Materials	Year 1 2 3 4	Name Of College	State	Full Part

Any amounts from a Sec 529, Educational IRA, IRA, Roth IRA or Educational Savings Bonds to pay for tuition? Y N Form 1099-Q

If yes, also list cost of: Books/Supplies \$ _____ Room/Board \$ _____ Computer/ Internet Cost \$ _____

Has Student ever been convicted on a felony count of possession or distribution of a controlled substance? Yes ___ No ___

ESTIMATED TAX PAYMENT: In order to match government records, Please Provide Proof of these payment

	Applied from prior	1st Quarter Amount	4/15 Date	2nd Quarter Amount	6/15 Date	3rd Quarter Amount	9/15 Date	4th Quarter Amount	1/15 Date	With Ext Amount
Federal	\$	\$	/	\$	/	\$	/	\$	/	\$
State	\$	\$	/	\$	/	\$	/	\$	/	\$

Wisconsin Adjustments

Rent Paid: Address	# months	Rent per month	Total Paid	Heat Included?
				Yes No
				Yes No

Private School Tuition Deduction: Grades K-8 & Grade 9-12 Please bring in statements showing student, proof of payment, School ID#

Child: _____ \$ _____ Grade: _____ Child: _____ \$ _____ Grade: _____ Child: _____ \$ _____ Grade: _____

Do you wish to contribute to? Endangered Resources \$ _____ Special Olympics \$ _____ Veterans Trust Fund \$ _____

Multiple Sclerosis \$ _____ Military Family Relief \$ _____ Cancer Research \$ _____ Red Cross \$ _____ Second Harvest \$ _____

Eligible for Credits: Armed Forces ___ Health Insurance Risk- Sharing ___ Film Production Credit ___ Veterans ___

Did you have any purchases out of state (mail order or internet) without Wisconsin sales tax? Yes ___ No ___

- If yes, Amount of purchases \$ _____

Wisconsin College Savings Program Contributions: If Yes, bring in statements _____

Qualify for Homestead? Please bring completed rent certificate or Copy of current Real Estate Tax Bill**Declaration:** I HAVE REVIEWED THE INFORMATION GIVEN TO YOU ON THIS FORM AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, COMPLETE AND READY FOR YOUR PREPARATION OF MY INCOME TAX RETURN. I ACKNOWLEDGE THAT I HAVE MAINTAINED ADEQUATE DOCUMENTATION TO SUBSTANTIATE ALL DEDUCTIONS THAT I HAVE CLAIMED.

Note: Your Signature is required: X _____ Date _____